

PROPOSED REIMBURSEMENT METHODOLOGY AND BUDGET IMPACT  
RESIDENTIAL BEHAVIOR MANAGEMENT SERVICES - GROUP SETTING  
DHS - OJA

	1	2	3	4	5	6	7	8	9	10	11	12
Level	Total Beds		1998 Contracted	Direct Care Cost Adj Factor	Medicaid Proposed Rate	Beds x 365 Total Bed Days		Days x Medicaid % Total Medicaid Days	Col 5 x Medicaid Days Total Payments		Grand Total	
	DHS	OJA	er Diem Rat			DHS	OJA	DHS	OJA			
D&E Wilderness - 1	8	16	174.29	0.67	117.61	2,920	5,840	2,891	5,548	\$ 339,998	\$ 652,521	\$ 992,518
E Wilderness - 2	36	108	151.00	0.58	88.28	-	4,380	-	4,161	\$ -	\$ 367,337	\$ 367,337
OJA - Oper			136.00	0.53	71.61	13,140	39,420	13,009	37,449	\$ 931,583	\$ 2,681,828	\$ 3,613,411
D+	124	12	134.00	0.52	69.52	-	4,380	-	4,161	\$ -	\$ 289,281	\$ 289,281
Sanctions		33	125.00	0.48	60.50	-	12,045	-	11,443	\$ -	\$ 692,251	\$ 692,251
D	124	12	85.49	0.33	28.30	45,260	4,380	44,807	4,161	\$ 1,267,924	\$ 117,745	\$ 1,385,669
C	0	20	75.00	0.29	21.78	-	7,300	-	6,935	\$ -	\$ 151,037	\$ 151,037
	16	23	72.62	0.28	20.42	-	8,395	-	7,975	\$ -	\$ 162,843	\$ 162,843
		28	46.49	0.18	8.37	5,840	10,220	5,782	9,709	\$ 48,382	\$ 81,247	\$ 129,628
TOTAL	184	280				67,160	102,200	66,488	97,090	2,587,886	5,223,552	7,811,438
FEDERAL @ .7051										1,824,719	3,683,127	5,507,845
STATE										763,168	1,540,425	2,303,593

Notes: Column

- 1 Total DHS contracted beds for each level of care
- 2 Total OJA contracted beds for each level of care
- 3 1998 Per Diem Rates Paid for Residential Services for each level of care
- 4 Direct care cost adjustment factor
- 5 Proposed rate - Column 3 multiplied by column 4
- 6,7 Annual bed days - beds for each agency multiplied by 365
- 8,9 Estimated number of Medicaid days per year - (Column 6 or 7 multiplied by the estimated Medicaid percentage - 99% DHS; 95% OJA)
- 10,11 Estimated annual Medicaid payments by level of care (Total Medicaid days multiplied by interim rate
- 12 Grand Total Sum of columns 11 and 12

OK  
1-5-98  
3-9-98  
11-5-98  
97-19

RECEIVED  
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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

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6.d. Other Practitioners' Services

See 4.b. EPSDT Psychological Services.

Certified Registered Nurse Anesthetists - Payment is made for inpatient and outpatient anesthesia services which are in the scope of the Medicaid Program and under the appropriate scope of practice allowed under State law for Certified Registered Nurse Anesthetists.

Physician Assistants - Payment is made for services provided by Physician Assistants within the current practice guidelines for the State of Oklahoma.

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DATE	4-13-98	
DATE	7-1-97	
HCFA	98-08	

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State OKLAHOMA

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**7. Home Health Services**

After January 1, 1998, all Home Health Agencies requesting an initial Medicaid provider agreement with this Agency must meet the capitalization requirements as set forth in 42 CFR 489.28.

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Home health services are provided in the patient's residence to categorically needy individuals. Such services are compensable to a home health agency or when no such agency exists, payment is made to a registered nurse who is currently licensed to practice in the state, receives written orders from the patient's physician, documents the care and service provided and has had acceptable training for clinical and administrative record keeping from a health department nurse. Payment is made for any combination of home health visits and home health aide visits not to exceed 36 visits per year or 15 per month, without prior authorization.

- b. Home health aide services provided by a home health agency.

Payment is made on behalf of eligible individuals for any combination of home health visits and home health aide visits not to exceed 36 visits per year.

- c. Medical supplies, equipment and appliances suitable for use in the home.

Standard medical supplies are provided for one month within a 12 month period. Diabetic supplies are not subject to the one month limitation.

Equipment and appliances suitable for use in the home are provided on a rental basis one month within a year.

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EXPIRATION DATE	<u>12-30-99</u>
RENEWAL DATE	<u>3-14-00</u>
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9. Clinic Services

Mental Health Clinic Services - Medical and remedial care services provided by qualified mental health clinics. Services include the following:

Crisis Intervention - Active one-to-one treatment of an individual who is in acute distress with the goal of preventing hospitalization. This treatment approach is reserved for those unscheduled visits to the clinic of an emergency nature prior to assessment and treatment plan development.

Assessment and Treatment Plan Development - This includes psychiatric and/or psychological and/or social assessment designed to determine presence of mental disorder and appropriate intervention methods and procedures to treat the disorder. An individual treatment plan delineating place of service, type of service, required goals, objectives, evaluative criteria, implementors and time lines will be established through the assessment and treatment plan development. A new treatment plan within a 12 month period may be provided to outpatient clients who have been discharged and readmitted if justified in the medical records of the client.

Psychological Testing - This includes psychiatric and psychological testing given under the supervision of and evaluated by a psychologist or physician. Testing would include tests selected from current accepted psychological test batteries. Test results would be reflected in the individual treatment or disposition plan.

Individual Psychotherapy - A method of treatment of mental disorders using the one-to-one interaction between a therapist and a patient to promote emotional or psychological change to alleviate mental disorder. This treatment approach may include individual psychotherapy, clinical aftercare, crisis intervention, and community living counseling.

Group Psychotherapy - A method of treatment of mental disorders using the interaction between a therapist and two or more patients to promote emotional or psychological change to alleviate mental disorders.

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A				
STATE	DATE REC'D	DATE APP'D	DATE EFF	HCFA 179
Oklahoma	10-3-89	4-19-90	8-8-89	89-11

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Free-Standing Ambulatory Surgery Center - Payment is made for a facility fee for certain surgical procedures performed in Medicare certified free-standing ambulatory surgical centers which have contracts on file with the Department.

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DATE EFF <u>APR. 1 1985</u>	
HCFA 179 <u>85-6</u>	

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TN# 85-6

Supercedes

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Corrected  
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Day Treatment - This service includes a planned combination of palliative and medical procedures for the reduction of psychiatric impairment and the restoration of functioning consistent with the requirements of independent living and enhanced self-sufficiency. Services may include individual, group and family therapy; medication compliance education; preventive or restorative physical exercise; activities for restoration of independent living and enhancement of self-sufficiency while preventing deterioration.

Home Based Day Treatment - (See EPSDT)

Treatment Review - Treatment review is a comprehensive review and evaluation of the current psychiatric treatment of the patient. This includes a review of the treatment plan with the patient and the modification of the plan as required. This also includes the prescribing of medication as indicated by the assessment and treatment plan and the review and revision of dosage levels and/or addition or deletion of prescribed medications. This review may be in the form of a total multi-disciplinary staffing or at times, only the physician and patient. A physician must participate in a Treatment Review. It is designed to assure that medications and treatment are provided in the least intrusive manner possible to encourage normalization and prevent institutionalization.

Medical Review - Review and evaluation by a licensed nurse or physician assistant focusing only on the patient's response to medication and compliance with the medication regimen. A physician is not required to be present, but may be consulted if necessary. This is designed to maintain the patient on the lowest level of the least intrusive medications, encourage normalization and prevent hospitalization.

STATE <u>Oklahoma</u>	A
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<u>SERVICE</u>	<u>UNIT</u>	<u>LIMITATION</u>
Crisis Intervention	15 minutes	16 units each 12 months
Assessment and Treatment Plan Development	Completed Assessment And Plan	Two per year
Psychological Testing	Evaluated Test	One per year
Individual Psychotherapy	30 minutes	104 units each 12 months
Group Psychotherapy	30 minutes	12 recipients per group 3 units per day 160 units each 12 months
Day Treatment (3 hours)	3 hours (1/2 day)	300 units each 12 months
Day Treatment (6 hours)	6 hours (full day)	150 units each 12 months Total of both - 300 units each 12 months
* Home Based Day Treatment	1 hour	80 units each 12 months
** Treatment review	1 review	16 units each 12 months
** Medical Review	1 review	12 units each 12 months

\* See EPSDT

\*\* Payment will not be made for Treatment Review and Medical Review on the  
same day.

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	HCFA 179 <u>89-11</u>		

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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9. Renal Dialysis Facilities-Payment is made for dialysis services provided by Medicare certified renal dialysis facilities which have contracts with the Department.

STATE	<u>OK</u>	A
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State OKLAHOMA

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9. Maternity Clinic Services - Medical and remedial care services provided by qualified maternity clinics to all pregnant women, with particular emphasis on women with high risk characteristics. Services include the following:

- A. INITIAL EXAMINATION/LABORATORY SERVICES: Initial examination/laboratory services will consist of a complete patient history to include socio-demographic data; family history of present and past illnesses; nutritional information and prenatal vitamins; psychosocial history; reproductive/obstetrical history including present pregnancy and previous pregnancy and outcomes. This procedure will also include a comprehensive physical examination by a physician or OB/GYN Nurse Practitioner or Certified Nurse Midwife, consisting of weight, height, blood pressure as well as examination of head, neck, breast, heart, lungs, abdomen, pelvis, rectum and extremities. Evaluation of the progression of the pregnancy will be done by measurement of fundal height and fetal heart rate in order to correlate with other known information. The correct estimation of gestational age is an important outcome of the initial examination. A standard profile of routine lab services, e.g., hematocrit, rubella immunity, STS-RPR, blood glucose, Rh, antibody screen, GC culture, PAP Smear, hepatitis B, sickle cell will be completed during the initial exam. Some examples of non-routine diagnostic tests to be performed if indicated are HIV-HTLV3 PIH profile, torch screen, CHEM 26, CBC, platelet count, etc.
- B. MATERNITY ENCOUNTER: Maternity encounter includes routine scheduled medical visits every four weeks up to 28 weeks; every two weeks at 28 weeks up to 36 weeks; every week at 36 weeks up to delivery. Includes medical assessment, laboratory services and treatment of minor problems. If it is deemed medically necessary, visits may be scheduled more frequently. Each patient will be scheduled for postpartum visit which shall include a physical exam, hematocrit and urine dipstick, counseling, contraceptive services and referrals to WIC, child health and family planning services.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
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Service	Unit	Limitation
Initial Examination/ Laboratory Services	Completed/Comprehensive Examination	Not more than ** one per pregnancy
Maternity Encounter	Day of Service	Not more than 12 ** encounters per pregnancy
36th Week Visit	Completed Physical Examination	Not more than ** one per pregnancy
Risk Assessment	Completed Risk Assessment Form	Not more than 2 ** per pregnancy
Nutritional Assessment/Counseling	Day of Service	* Not more than 6 ** per pregnancy
Health Education	Day of Service	* Not more than 6 ** per pregnancy
Psychosocial Assessment/Counseling	Day of Service	* Not more than 6 ** per pregnancy
Genetics Assessment/Counseling	Day of Service	* Not more than 1 ** per pregnancy
Pregnancy Test	One Service	Not more than 1 ** per pregnancy

\* Not more than a combination of 12 units will be covered per pregnancy for Nutritional Counseling, Health Education, Psychosocial Counseling and Genetics Counseling.

\*\* Services beyond these limitations may be provided when determined to be medically necessary for those recipients who are eligible for EPSDT. Services beyond limitations require prior approval.

New 02-01-92

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